

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J06897

**Entity Name:** LAURENCE RAIFORD, M.D., P.A.

**Current Principal Place of Business:**

LAURENCE RAIFORD  
1017 EXETER A  
BOCA RATON, FL 33434

**Current Mailing Address:**

LAURENCE RAIFORD  
1017 EXETER A  
BOCA RATON, FL 33434-2961

**FEI Number:** 59-2681540

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAIFORD, LAURENCE  
1017 EXETER A  
BOCA RATON, FL 33434 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DP  
Name RAIFORD, LAURENCE  
Address 1017 EXETER A  
City-State-Zip: BOCA RATON FL 33434

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURENCE RAIFORD

DP

01/16/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date